

MAILING ADDRESS  
State of California  
Department of Insurance  
P.O. Box 1139  
Sacramento, CA 95812-1139

- FOR DEPARTMENT USE ONLY -  
EFFECTIVE DATE IS DATE SIGNED  
UNLESS VALIDATED OTHERWISE, OR  
MARKED VOID BY THE DEPARTMENT.

**AGENT NOTICE OF TERMINATION  
(TO BE FILED IN TRIPLICATE)**

Filed Pursuant to Sections 1704, 1707, and/or 1673 or 1756.

**ATTACH FILING FEE**

**1**

To the Insurance Commissioner of the State of California:  
Notice is hereby given that effective from the date of filing of this notice, the designated Agent hereby terminates the appointment of the insurer named herein.

**CHECK ONE BOX ONLY:**

**2**

- ☐ (FX)-Fire and Casualty Broker-Agent
- ☐ (PF)-Part Time Fraternal
- ☐ (LX)-Life Agent
- ☐ (DO)-Disability Only
- ☐ (TA)-Travel Agent
- ☐ (MC)-Motor Club

**3**

**INSURER INFORMATION**

COMPANY NUMBER MUST BE ENTERED.  
NAME AND ADDRESS OF OFFICE OF INSURER TO WHICH COPY IS TO BE RETURNED MUST BE TYPED IN SPACE BELOW.

COMPANY NUMBER

NAME

MAILING ADDRESS

CITY

STATE AND ZIP CODE

**4**

**AGENT INFORMATION**

AGENT'S LICENSE NUMBER MUST BE ENTERED.  
NAME AND MAILING ADDRESS OF THE AGENT MUST BE TYPED IN SPACE BELOW.  
(USE FULL NAME UNDER WHICH LICENSE ISSUED.)

LICENSE NUMBER

NAME AS SHOWN ON FIRST LINE OF LICENSE

MAILING ADDRESS

CITY

STATE AND ZIP CODE

**5**

SIGNATURE OF AGENT:

DATE: PHONE # ( )

NOTICE TO INSURER: This Notice of Termination was filed by the Agent.